Additional Questions and Answers II
August 28, 2015
Utilization Control of Selected Hospitals, Nursing Facility, and Home and Community Based Services Reimbursed by the Maryland Medicaid Program
Solicitation No: DHMH/OPASS 16-14617

1. Section 1.41.3 – Please clarify if the VSBE goal of 1% is in addition to the overall 27T MBE goal.

These goals are two separate goals. An organization that is both an MBE and a VSBE may simultaneously meet both goals.

2. Section 3.2.1.5 – The contractor is required to use the LTSS web-based software to process and track HCBS reviews. Will the contractor have the ability to run data reports?

The contractor will have access to 2 current reports. These reports indicate the number of requests for each level of care and program including the number received, approved, denied, in progress, and verified.

The contractor will not have the ability to design their own reports in the LTSSMaryland system.

3. Sections 3.2.1.5.B and 3.2.7.1.A – For Auto Approval Validation and Analysis, will the system have a "Disagree"Button? Currently, only an "Agree" button is available. Will it be possible to generate reports from the LTSS system?

Reports on validations are available in the system as part of the summary reports noted above. There are no plans to add a disagree button to the system.

4. Section 3.2.2.3.B – The RFP states that the Medical Director will provide expert testimony at Administrative Hearings. Can a nurse be trained to do this? Can Physician Advisors assist?

It is expected that the Medical Director and the full-time Physician Advisors (Section 3.2.2.3.C) will provide expert testimony at Administrative Hearings.

5. Section 3.2.2.3.D – Can the HCBS manager be home-based?

All three managers are required to be office-based.

6. Section 3.2.2.4.D – Does this mean staff cannot be cross-trained to work on MERs and in-home assessments?

Staff completing in-home assessments may not also perform medical eligibility reviews for home- and community-based services.

7. Section 3.2.3.4.3.n – What is meant by "real-time" reports?

Real-time reports are those that reflect the current status of the reviews.

8. Section 3.2.3.4.11 – Can we generate a report from LTSS for these Auto-Approval Validation and Analysis cases?

The current inteRAI Assessment UCA Report includes totals for assessments that have been verified as part of the validation process.

9. Section 3.2.6.1.A – Are PASRR reviews to include residents who have been discharged?

Yes.

10. Section 3.2.6.3.B.2 – Does this mean 3 CSRs in the first year and then annually?

No. It is expected that to meet this requirement, the Contractor will conduct not less than four (4) CSRs in the first year.

11. Section 3.2.6.3.B.2 – For review of every individual in each NF at the beginning of the contract, can we stagger this type of review i.e., 1/3 the first month, 1/3 the second, 1/3 the third month?

Yes, as long as all reviews are completed during the first three-month cycle.

12. Section 3.2.6.6.A – Please clarify nursing facility reviews for all providers meeting criteria for nursing facility services in the continental US. Does this mean a request from an out-of-state provider requesting NF placement for a Medicaid eligible person in a Maryland facility?

It means that the Contractor is responsible for conducting reviews for any Medicaid eligible person who is placed in or is seeking placement in a nursing facility that is a Maryland Medicaid provider. This includes nursing facilities that are located outside Maryland.

13. Section 3.2.7.1.A.1 – How many face-to-face interviews are estimated to be done annually?

For the most recent contract year, the Contractor completed 130 face-to-face reviews.

14. Section 3.2.7.1.B.1 – How will the contractor receive referrals for in-home assessments?

Referrals will be transmitted via alerts in LTSS/Maryland.

15. Section 3.2.7.1.B.2 – The RFP states that the HCBS assessments are to be conducted using an instrument designated by the Department. How many pages is the instrument? Can the Department provide a copy of the instrument?

Currently, the instrument designated by the Department for completing HCBS assessments is the interRAI HC.

16. Section 3.2.7.1.B.6 – For language translation services, does DHMH contract with a translation service already? Are we mandated to use this service or are we expected to contract for this service?

The Contractor is responsible for having translation services available when necessary.

17. Section 3.2.7.1.B.2 – Do PACE cases only need one redetermination approved, then they are deemed to be approved for life? If the patient is admitted to the hospital, is a new MER for PACE required?

Under PACE, a participant receives one redetermination review no later than the end of the first year of PACE enrollment; if he meets the level of care requirement, he is then deemed to require the level of care for the remainder of his PACE enrollment. If the participant is hospitalized, a new MER for PACE is not required.

18. Section 3.2.7.3.A.1.c – Is the contractor required to conduct a face-to-face assessment for all DME requests?

No. The professional who is prescribing or ordering the equipment (e.g., physician, nurse practitioner) may be required to complete face-to-face evaluation and document the findings, which the Contractor uses in determining whether the equipment is medically necessary.

19. Section 3.3.2 – If the incumbent is awarded the contract, does the requirement for a criminal background check apply to current employees who are continuing or only new employees hired for this contract?

As written, the requirement applies to new employees. Regarding the incumbent, however, criminal background checks should have already been completed for current employees since it was a requirement of the RFP under which the current contract operates.

20. Section 3.2.1.5.A – Is there a limit to the number of reviewer users (nurse or physician) that can access the LTSS/Maryland application to perform reviews?

There are no limitations to the number of users that can access LTSSMaryland for the purpose of completing work required in the contract.

21. Section 3.2.1.6.D – What is the intent of the optical character recognition capability in the system? Would this be for scanning hard copy forms and medical records received into the system or for another purpose?

The primary purpose is for scanning hard copy forms and medical records into the system.

22. Section 3.2.1.6.K – Is the expectation that we would provide access to the Department to report writer software and the database to "create" ad hoc reports?

The expectation is that the Vendor be able to create an ad hoc report at the will and request of the Department. The incoming Vendor should be able to fulfill any report request that the Department may have.

23. Section 3.2.1.6.T – By providing an online solution to accept and process Certifications (DHMH 257), will the online form replace the hard copy forms entirely?

Currently, the online solution would permit facilities using the DHMH 257 to enter the information online and submit to the Contractor for sign-off. The Department of Human Resources currently does not have the ability to accept forms online, so it will be necessary for the Contractor to either fax or mail a hard copy of the approved form to the office to which it is directed.

24. Section 3.2.1.6.U – What is the intent for acceptance of electronic signatures?

Right now, the intent is primarily to allow the physician (or physician designee) to sign the Medical Eligibility Review Form (DHMH 3871/3871B) electronically, eliminating the need to send a hard copy to the Contractor as part of the Certification process. The Department may wish to use this features for other purposes later.

25. Section 3.2.2.3.E – Is the expectation that the Information Technology Director role is dedicated 100% to this contract, or can the role be filled by a combination of information technology staff, i.e. business analyst, database administrator, applications programmer, and others led by a partial FTE Information Technology Director?

The IT Director is expected to be 100% dedicated to the contract.

26. Section 3.2.4.C – Will notice of adverse determinations for Acute reviews only be sent for Retrospective, Administrative Day, and Reconsideration reviews?

Yes.

27. Sections 3.2.5/3.2.6 – Will Next of Kin information be provided with the member eligibility data to be used for letters when necessary?

For Medical Eligibility Reviews, this information may be found on the request forms (DHMH 3871/3871B). For Continued Stay Reviews and Annual Redeterminations of Medical Eligibility, this information can be obtained from the recipient's medical record.

28. Section 3.2.3.4.11 – Will reports be provided from the LTSS/Maryland system? Reporting is necessary for pending reviews, completed reviews, timeliness, and staff productivity.

The contractor will have access to 2 current reports. These reports indicate the number of requests for each level of care and program including the number received, approved, denied, in progress, and verified.

29. Sections 3.2.5.1.B/3.2.5.2.B – Column three, "Measurement" refers to Liquidated Damages being triggered upon a failure to process 95% of all "within 15 business days or receipt of the request."

Column two, "Standard", however, does not refer to 15 business days as the required time frame. The time frames referenced in Column two are: 14 days following the later of admission, conversion to Medicaid, or the previous CSR for Desk reviews, and 30 days following the later of admission, conversion to Medicaid, or the previous CSR for onsite reviews. Should column three refer to "the required time frames" rather than "15 business days of receipt of the request?"

Yes, column three (Measurement) should read "…95% of all CSRs within the required time frames." The reference to "15 business days" in this cell is an error.

30. Section 3.2.5.1.B.1.a – Desk reviews will be completed within 5 days of request. What request? Who makes the request? Do you mean 5 days from receipt of records?

The Contractor is responsible for requesting medical records to complete the desk review. This review shall be completed within five days from receipt of the records.

31. Section 3.2.5.2.C.3 – Please clarify what is meant by this statement.

The statement refers to the need for participants to ensure that application for long term care Medicaid has been made.

32. Section 3.2.6.3.B.2 – Please clarify "every individual". Does this mean every Medicaid resident? Please clarify "beginning of the contract" – what timeframe is expected?

"Every individual" refers to Medicaid recipients. The Contractor may complete these reviews during the first three months of the contract (see question #12 above).

33. Section 3.2.3.4.9 – How frequently shall the Contractor submit ad hoc MADC reports?

Monthly and quarterly reports will be requested.

34. Section 3.2.7.1.A.1.c – Please clarify whether MADC Confirmation are in addition to MADC validations. How many confirmation reviews are estimated to be done annually?

Yes, MADC confirmations are in addition to MADC validations. It is estimated that approximately four providers per year will be cited for confirmation reviews with approximately 50 recipients attending each facility.

35. Section 3.2.7.3.A – The RFP states that the contractor shall approve or deny requests based upon medical necessity and other Program requirements. Is the criteria used for medical necessity Department developed or a commercial product such as InterQual? If Department developed, can the criteria be provided?

Most of the criteria used for medical necessity is Department developed. There are some items that require individual consideration. The Department is open to reviewing newly developed of criteria for individually considered items.

36. Section 3.2.7.3.A.4 – The RFP states the contractor shall review all requests for specialized medical equipment and lists some types of special equipment. Is this list inclusive of all DME to be reviewed by the contractor?

This list is not inclusive of all DME to be reviewed. More could be added.

37. Section 3.2.7.3.A.4 – For DME reviews, the RFP states that the contractor must enter the reimbursement information in the MMIS. How will the contractor access MMIS?

The Department will ensure an interface is developed to accept reimbursement data from the contractor.

38. Section 3.2.7.3.A.4 – It is indicated that the contractor will enter results of the DME review into MMIS. Will this be accomplished by granting "modify" permission to MMIS to designated users or through data transmission?

The Department will ensure an interface is developed to accept DME review results from the contractor.